

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33612

State File No. _____

No. 300
10.48

12-22-74
FILED SEP 23 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Kentucky b. COUNTY Graves			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayfield			
c. LENGTH OF STAY (in this place) 5 1/2				d. STREET ADDRESS (If rural, give location) UNKNOWN			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Christian Old Peoples Home							
3. NAME OF DECEASED (Type or Print)		a. (First) Mattie		b. (Middle) S		c. (Last) Happy	
4. DATE OF DEATH		(Month) Sept.		(Day) 17		(Year) 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 15, 1866		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Turner		13b. MOTHER'S MAIDEN NAME Cornella Williams		14. NAME OF HUSBAND OR WIFE John F.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Christian Old Peoples Home ADDRESS 6600 Washington			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure				INTERVAL BETWEEN ONSET AND DEATH 3 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes				5 yrs?			
DUE TO (c) acute nephritis				1 mo.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1942, to Sept. 15, 1952 , that I last saw the deceased alive on Sept. 14, 1952 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE M. Ryars M.D. (Degree or title)				23b. ADDRESS 602 N. Grand		23c. DATE SIGNED 9/18/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/18/52		24c. NAME OF CEMETERY OR CREMATORY Maplewood		24d. LOCATION (City, town, or county) (State) Graves County, Kentucky	
DATE REC'D BY LOCAL REG. 9-18-52		REGISTRAR'S SIGNATURE Norbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington			

(Licensed Embalmer's Statement on Reverse Side)

520

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John S. Henneberry
Licensed Embalmer No. 4199

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.